

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10599225

FILING DATE

9-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		3				
13		0				
14		0				
15		1				
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	17	←	11	←		←
TOTAL CLAIMS	18		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						